



Use F11 to enter data and move through document.

STATE OF WASHINGTON

Water Measuring Device Cost Share
APPLICATION FORM

1) Applicant Name

Street Address

Mailing Address

City

 State

 Zip Code

Contact Person

Day time phone

 Email

2) What is the water right number for the diversion or withdrawal? *Include whether it is a claim, permit or certificate. Attach a copy of the water permit, certificate or claim, if available.*

3) What is the legal description of the diversion or withdrawal, if water right documentation is not attached?

Attach a map of point of diversion or withdrawal and measuring device location clearly showing the location of each relative to rivers, other surface water and township, range and section lines. Use a copy of the appropriate USGS topographic map unless another map will clearly show these features.

4) Which Water Resource Inventory Area (WRIA) is the project in? Number

	YES	NO
5) Are you requesting funds for a source meter?	<input type="checkbox"/>	<input type="checkbox"/>

6) When would the device be installed?

7) Have you received a metering order from Ecology?	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, provide the Order Number

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8) Are you a participant in the WDFW Cooperative Compliance Program?	<input type="checkbox"/>	<input type="checkbox"/>
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9) Are you a participant in your Conservation District's Irrigation Efficiency Program?	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, will the cost of a water measuring device be included in your irrigation Efficiency grant application?	<input type="checkbox"/>	<input type="checkbox"/>
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10) Are you applying for financial hardship?	<input type="checkbox"/>	<input type="checkbox"/>
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11) Provide a project description.

(Include all the appropriate information from instructions; e.g. flow rates, type of device, plans and specifications if available).

12) Provide costs for the measuring devices:

	Cost
Measuring device	_____
Ancillary equipment	_____
Installation – Labor (hours _____ rate _____)	_____
Equipment Rental	_____
Contracted Services	_____
Other Costs <i>(attach details)</i>	_____
Total Project Cost	_____

I certify that the information above is true and accurate to the best of my knowledge.

Applicant signature

Position

Date